

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear River Coal COMPANY

Name Chas. Evans Mine Record No. 510  
Nationality American Age 40 Wt. 175  
Complexion Fair Color eyes Blue Hair Brown Identification Marks ✓  
Date employed 1/4, 1922 In what capacity employed? Miner Check No. 13  
Total experience in coal mines 22 years

Have you a Shot Firer's Certificate?  Shot Examiner's?  Fire Boss's?  Mine Foreman's?   
For whom have you worked during the last year? For Crossedout Fuel Co. Okla from 1/1

For \_\_\_\_\_; For \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

At what work were you employed? Logging  
What languages can you speak? Eng Read Eng

Write Eng  
Where were you born? Merona, Mo. Are you a citizen? Yes

Are you single, married, or a widower? Married If married, give full name of wife Florence Evans  
Her age 40 Is she living with you? Not at present If not, give her present address Talmon, Colo.

To what extent is she dependent on you for support? Wholly Give names and ages of each of your children, and indicate those married: Those living with you Chas, Florence, John  
Carl Lillian Not living with you (give addresses)

Which children, if any, are physically or mentally defective?   
Name children who are self supporting

Is your father living? No If so, give his age \_\_\_\_\_ Name and address \_\_\_\_\_  
Who supports him? \_\_\_\_\_

Do you contribute to his support?  Is your mother living? Yes

If so, give her age 60 Name and address Chas Evans, Dewar, Okla.  
Who supports her? Myself Do you contribute to her support?

How much do you contribute to support of father or mother, or both? \_\_\_\_\_  
Date last contribution was made \_\_\_\_\_ Amount \_\_\_\_\_

Give names and addresses of your brothers W. C. Evans Dewar, Okla.

Give names and addresses of your sisters Florence Hoen, Dewar, Okla.

Give names and addresses of EVERY ONE (other than wife, children, father or mother) dependent on you for support

How much do you contribute to their support each year \_\_\_\_\_  
Date of last contribution \_\_\_\_\_ Amount \_\_\_\_\_

Have you a copy of the State Coal Mining Law?  Have you had notice that the above named Employer is subject to the provisions of the Workmen's Compensation Act?

and do you elect and agree to become subject thereto now?  Do you understand the plan in force at the mine for furnishing medical, surgical and hospital service?

Give name and address of person to whom you desire notice sent in event of your death Florence Evans Talmon, Colo.

Dated at Bear River, Colo., Nov 6th, 1922

Witness J. H. Harsworth Superintendent or Mine Clerk. Chas Evans Signature of Employee or Applicant (Full Name)